

## **Joint Webinar: Vital Signs Town Hall and COCA Call**

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**Coordinating Clinical and Public Health Responses to Opioid  
Overdoses Treated in Emergency Departments**

**Joint Webinar: Vital Signs Town Hall and COCA Call**

**March 13, 2018**



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- ❑ **If you are a patient, please refer your questions to your healthcare provider.**

**At the conclusion of the session,  
participants will be able to accomplish  
the following:**

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- Explain the latest epidemiological data around opioid-related morbidity within emergency departments.
- Describe ways that public health and emergency departments can collaborate to advance prevention and treatment efforts related to opioid overdoses.
- Identify steps that can be taken to establish protocols within emergency departments to prevent future opioid overdoses.

**Rear Admiral Anne Shuchat, MD (USPHS)**



**Acting Director, Centers for Disease Control and Prevention  
and Acting Administrator for the Agency for Toxic Substances  
and Disease Registry**



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# National Center for Injury Prevention and Control Division of Unintentional Injury Prevention



Centers for Disease Control and Prevention  
**MMWR**  
Early Release / Vol. 67

Morbidity and Mortality Weekly Report  
March 6, 2018

## Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017

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### Abstract

**Introduction:** From 2015 to 2016, opioid overdose deaths increased 27.7%, indicating a worsening of the opioid overdose epidemic and highlighting the importance of rapid data collection, analysis, and dissemination.

**Methods:** Emergency department (ED) syndromic and hospital billing data on opioid-involved overdoses during July 2016–September 2017 were examined. Temporal trends in opioid overdoses from 52 jurisdictions in 45 states were analyzed at the regional level and by demographic characteristics. To assess trends based on urban development, data from 16 states were analyzed by state and urbanization level.

**Results:** From July 2016 through September 2017, a total of 142,557 ED visits (13.7 per 10,000 visits) from 52 jurisdictions in 45 states were suspected opioid-involved overdoses. This rate increased on average by 5.6% per quarter. Rates increased across demographic groups and all five U.S. regions, with largest increases in the Southeast, Midwest, and West (approximately 7%–11% per quarter). In 16 states, 119,198 ED visits (26.7 per 10,000 visits) were suspected opioid-involved overdoses. Ten states (Colorado, Illinois, Indiana, Maine, Missouri, Nevada, North Carolina, Ohio, Pennsylvania, and Wisconsin) experienced significant quarterly rate increases from third quarter 2016 to third quarter 2017, and in one state (Kentucky), rates decreased significantly. The highest rate increases occurred in large central metropolitan areas.

**Conclusions and Implications for Public Health Practice:** With continued increases in opioid overdoses, availability of timely data is important to inform actions taken by EDs and public health practitioners. Increases in opioid overdoses varied by region and urbanization level, indicating a need for localized responses. Educating ED physicians and staff members about appropriate services for immediate care and treatment and implementing a post-overdose protocol that includes naloxone provision and linking persons into treatment could assist EDs with preventing overdoses.

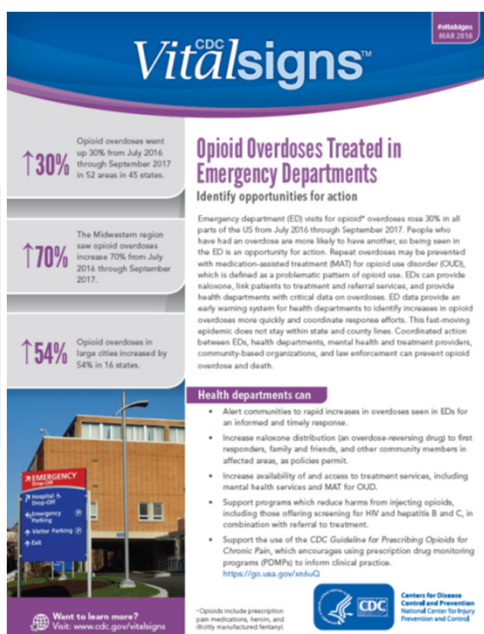
### Introduction

The opioid overdose epidemic continues to worsen in the United States. In 2016, a total of 63,632 drug overdose deaths occurred, a 21.4% increase from 2015 (1,2). Nearly two thirds (66.4%) of drug overdose deaths in 2016 involved prescription opioids, illicit opioids, or both, an increase of 27.7% from 2015 (2). Heroin and synthetic opioids (e.g., fentanyl) are driving increases in opioid-involved deaths (2–4). Tracking opioid overdoses is important to informing targeted interventions; however, timely national data on opioid overdoses evaluated in

emergency departments (EDs) have been unavailable. Hospital billing data from 2014 indicate that approximately 92,000 ED visits occurred for unintentional, nonfatal opioid overdoses (5), but the time lag poses challenges to monitoring and response. ED syndromic data are important for tracking public health outbreaks (6) and can potentially identify changes in opioid overdoses quickly. Compared with billing data, syndromic data are collected in near real-time and can be viewed within 24–48 hours of an ED visit. ED syndromic data can serve as an early warning system to alert communities to a rise in



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



# CDC Vital Signs: Opioid Overdoses Treated in Emergency Departments

March 13, 2018

Alana Vivolo Kantor, PhD, MPH  
Behavioral Scientist

Division of Unintentional Injury Prevention  
National Center for Injury Prevention and Control



## Main points

- Latest data on emergency department visits for opioid overdoses
- Identify opportunities for action among emergency departments, public health, treatment providers, community organizations, and public safety



# Vital Signs Overview

- **Two data sources: CDC's National Syndromic Surveillance Program (NSSP) and Enhanced State Opioid Overdose Surveillance (ESOOS)**
  - NSSP=52 jurisdictions representing 45 states
  - ESOOS=16 states
- **Syndromic (e.g., chief complaint) and hospital discharge data**
- **Time period: July 1, 2016 to September 30, 2017**
- **Variables used: US region, age group, sex, state, and level of urbanization**



## Vital Signs Main Takeaways



↑30%

Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70%

The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54%

Opioid overdoses in large cities increased by 54% in 16 states.





## PROBLEM:

**Opioid overdose ED visits continued to rise from 2016 to 2017.**

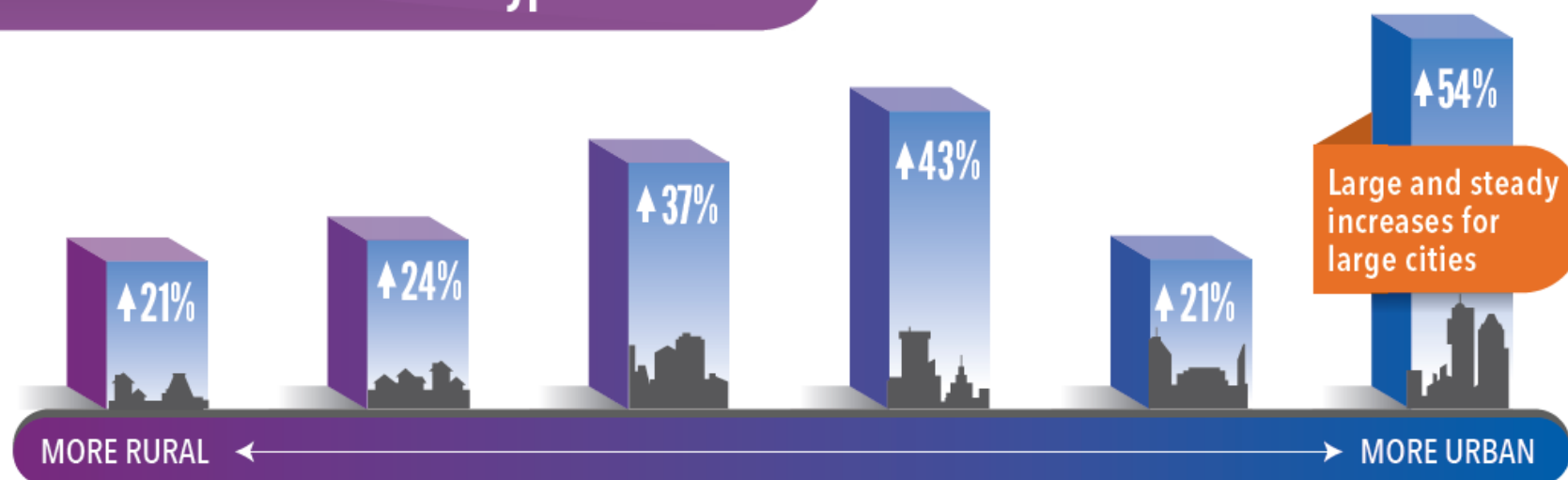
**From July 2016 through September 2017, opioid overdoses increased for:**

- Men (↑30%) and women (↑24%)
- People ages 25-34 (↑31%), 35-54 (↑36%), and 55 and over (↑32%)
- Most states (↑30% average), especially in the Midwest (↑70% average)

SOURCE: CDC's National Syndromic Surveillance Program, 52 jurisdictions in 45 states reporting.



## Opioid overdoses continued to increase in cities and towns of all types.\*



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

\* From left to right, the categories are:

1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.

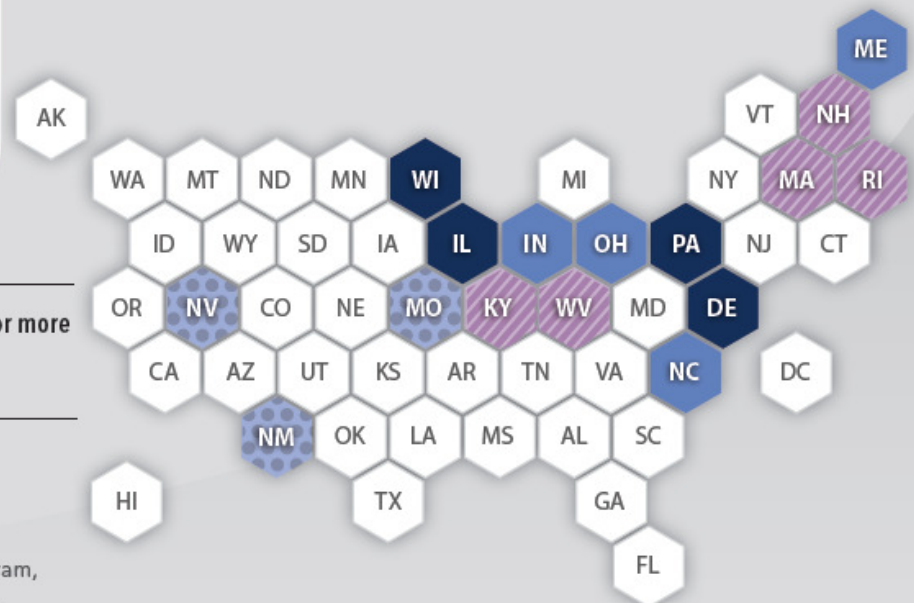


Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.

#### PERCENT CHANGE



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.



CDC's Enhanced State Opioid Overdose Surveillance Program seeks to improve the timeliness and comprehensiveness of fatal and nonfatal overdoses.



# What can you do?



## Local emergency departments

- Offer naloxone and training
- Connect patients with treatment
- Plan for increasing number of patients with opioid-related conditions



## Mental health and substance abuse treatment centers

- Offer naloxone and training
- Connect patients with treatment



## Local health departments

- Alert the community to the rapid increase in opioid overdoses and inform timely responses
- Ensure adequate naloxone supply
- Increase availability and access to necessary services



## First responders and public safety

- Get adequate supply and training for naloxone administration
- Identify changes in illicit drug supply
- Collaborate with public health





## THE FEDERAL GOVERNMENT IS

- Tracking overdose trends to better understand and more quickly respond to the opioid overdose epidemic.
- Improving access to OUD treatment, such as MAT, and overdose-reversing drugs, such as naloxone.
- Educating healthcare providers and the public about OUD and opioid overdose, and providing guidance on safe and effective pain management.
- Equipping states with resources to implement and evaluate safe prescribing practices.
- Coordinating actions to reduce production and impacts of the illicit opioid supply in the US through the High Intensity Drug Trafficking Areas (HIDTA) Program.
- Supporting cutting-edge research to improve pain management and OUD treatment.



# Thank you!

[www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

[www.cdc.gov/opioid-overdoses](http://www.cdc.gov/opioid-overdoses)

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

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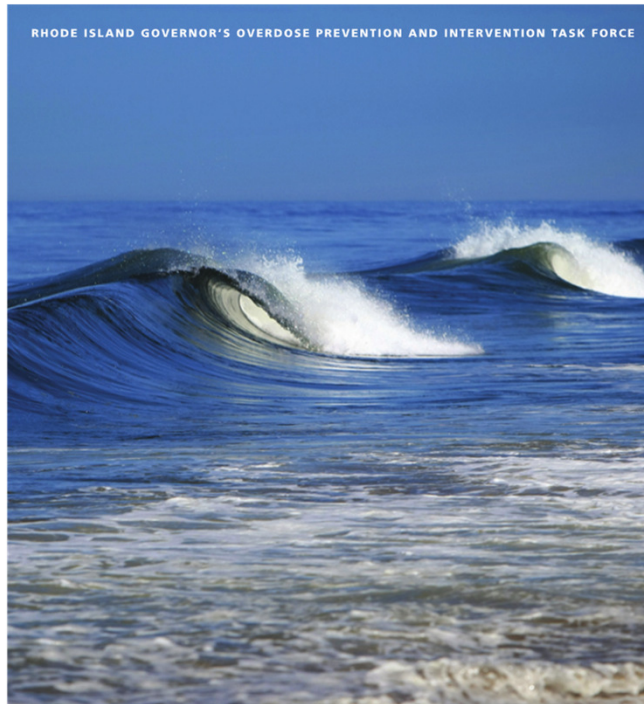
# Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder

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# Rhode Island's Strategic Plan



RHODE ISLAND GOVERNOR'S OVERDOSE PREVENTION AND INTERVENTION TASK FORCE



## **Rhode Island's Strategic Plan on Addiction and Overdose**

Four Strategies to Alter the Course of an Epidemic

# Governor Raimondo's Overdose Prevention Action Plan



## Prevention



Help doctors protect their patients by using safe prescribing practices.

### Fact

It's time to change how we treat pain — opioids don't need to be the first line of defense.

## Rescue



Make sure everyone has access to naloxone.

### Fact

Nearly every opioid overdose death is preventable with naloxone.

## Treatment



Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

### Fact

MAT lowers the risk of both relapse and death.

## Recovery



Expand peer recovery services and treatment options that help people start recovery.

### Fact

We're making sure that all patients treated for addiction have a long-term recovery plan.

# Levels of Care



Levels of Care for Rhode Island  
Emergency Departments and Hospitals  
for Treating Overdose and Opioid Use Disorder



# Levels of Care



## LEVEL 3

1. Follows discharge planning per law
2. Administers standardized substance use disorder screening for all patients
3. Educates all patients who are prescribed opioids on safe storage and disposal
4. Dispenses naloxone to patients at risk, according to clear protocol
5. Offers peer recovery support services
6. Provides active referral to appropriate community provider(s)
7. Complies with 48-hour reporting of overdose to RIDOH
8. Performs laboratory drug screening that includes fentanyl on patients who overdose

## LEVEL 2

### Meets all criteria of Level 3 and:

1. Conducts comprehensive, standardized substance use assessment
2. Maintains capacity for evaluation and treatment of opioid use disorder using support from addiction specialty services

## LEVEL 1

### Meets criteria of Level 3 and Level 2 and also:

1. Maintains a Center of Excellence or comparable arrangement for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment
  - Ensures transitioning to/from community care to facilitate recovery
  - Evaluates and manages medication assisted treatment

# 48-Hour Overdose Reporting



## Rhode Island Opioid Overdose Case Report

Please report all cases of suspected opioid overdose to the Rhode Island Department of Health within 48 hours.

Patient medical record number \*

Must be between 1 and 11 characters. *Currently Used: 0 characters.*

Patient city or town of residence \*

Patient gender \*

Patient age \*

Patient race (self reported) \*

Patient ethnicity (self reported) \*

Does the patient self report to be gay, lesbian, bisexual, and/or transgender? \*

In what city/town did the overdose occur? \*



We all have a role to play in ending  
Rhode Island's overdose crisis.

What's yours?



Family & Friends



First Responders



Providers



Get Help



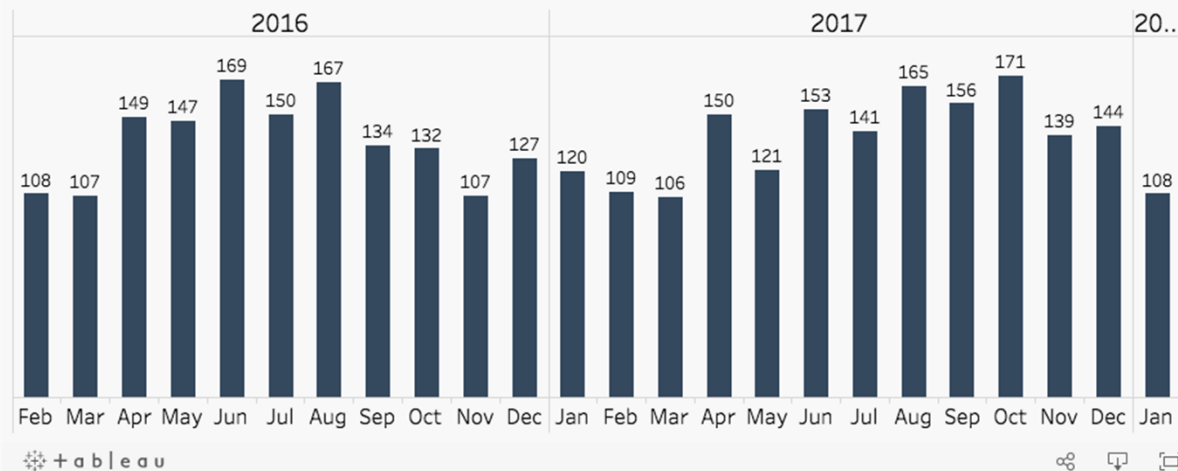
Leave

## Emergency departments (EDs) across Rhode Island treat patients for overdose

Under regulation **R23-1-OPIOID**, the Department of Health requires every health professional and hospital in Rhode Island to report all opioid overdoses or suspected overdoses within 48 hours. The data shown below reflect cases submitted to this anonymous 48-hour reporting system since January 2016.

Source (RIDOH)

### Number of Emergency Department (ED) Visits for Overdose (Feb 2016 – Jan 2018)



# Implementation



- **Nine Hospitals Certified:**
  - Seven Level 1 Hospitals
  - Two Level 3 Hospitals
- **In Process:**
  - Two Level 3
  - One Level 1



# Challenges & Opportunities



- Stakeholder engagement
- 48-hour reporting
- Naloxone cost
- Availability of MAT
- Stigma



# Implementation Facilitators



# Implementation Facilitators



## Next Steps



- Improve efficiency and timeliness of data surveillance
- Full implementation
- Evaluation





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# Rhode Island Opioid Overdose Surveillance, Response, and Intervention

**Meghan McCormick, MPH**

**Drug Overdose Prevention Epidemiologist**

**Rhode Island Department of Health**

**March 13, 2018**

## Surveillance Response Intervention (SRI) Team



# SRI Overview



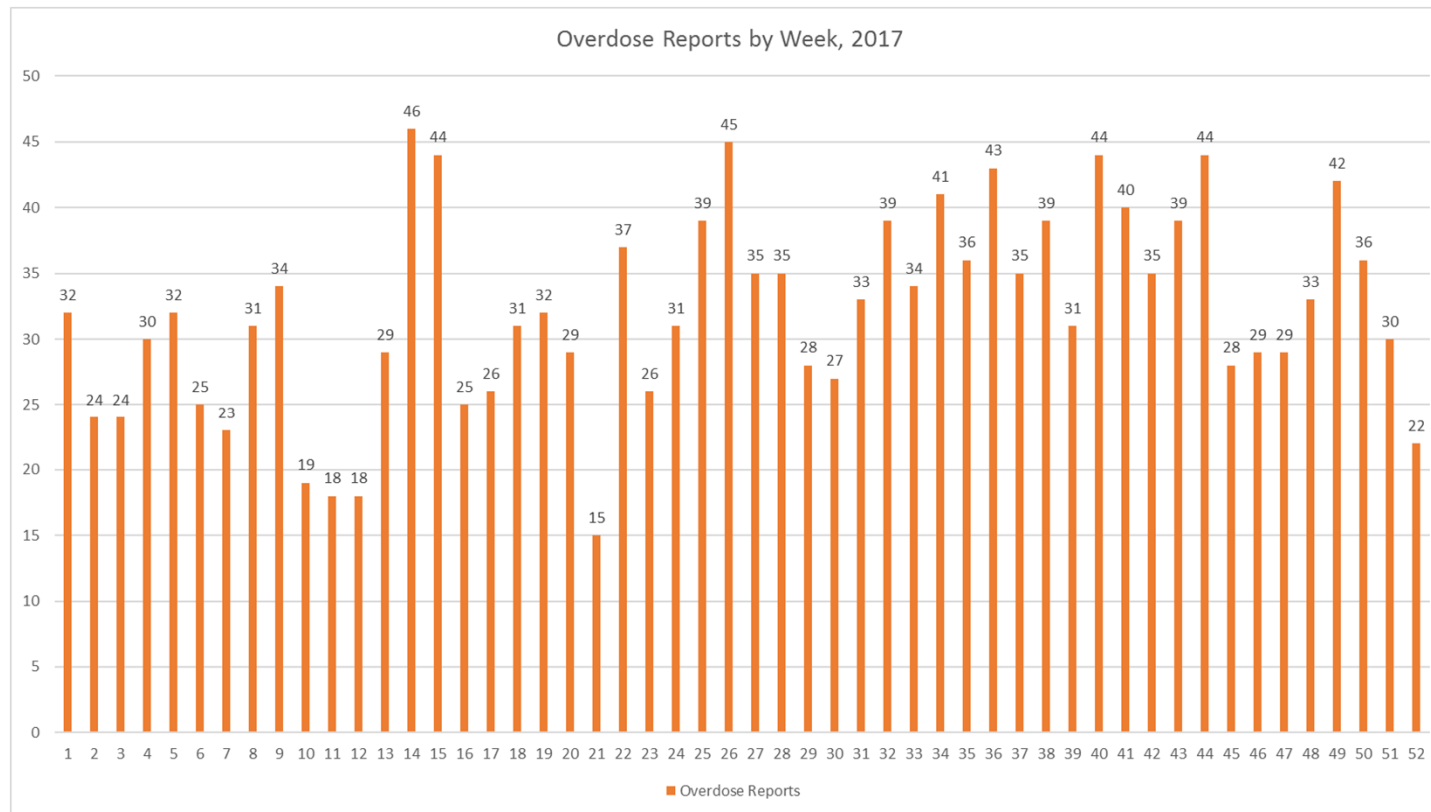
- First SRI team meeting took place on April 17, 2017 in an effort to track overdose data trends.
- Conference call occurs every Tuesday.
- Review most recently-available overdose data.
- Recommendations are recorded and tracked.
- Stakeholders receive alerts based on concerns raised during the weekly meeting.

# Data Sources



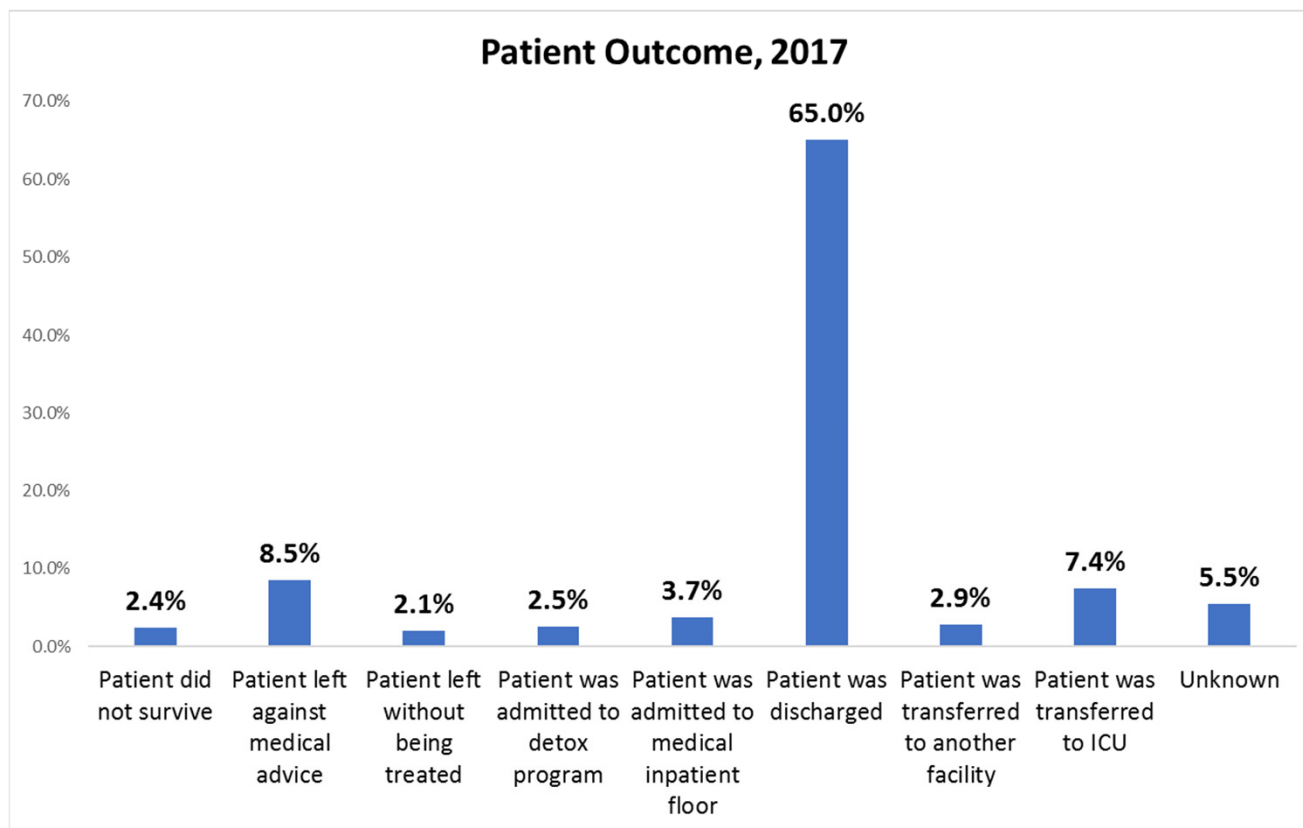
- Rhode Island Opioid Overdose Reporting System (i.e., “48-hour Overdose Reporting System” data)
- Rhode Island State Health Laboratories
- Rhode Island Fusion Center
- Office of the State Medical Examiners
- Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team quarterly reports
- Emergency Medical Services (EMS)

# 48-hour Overdose Reports, by Week



Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

# Patient Outcome

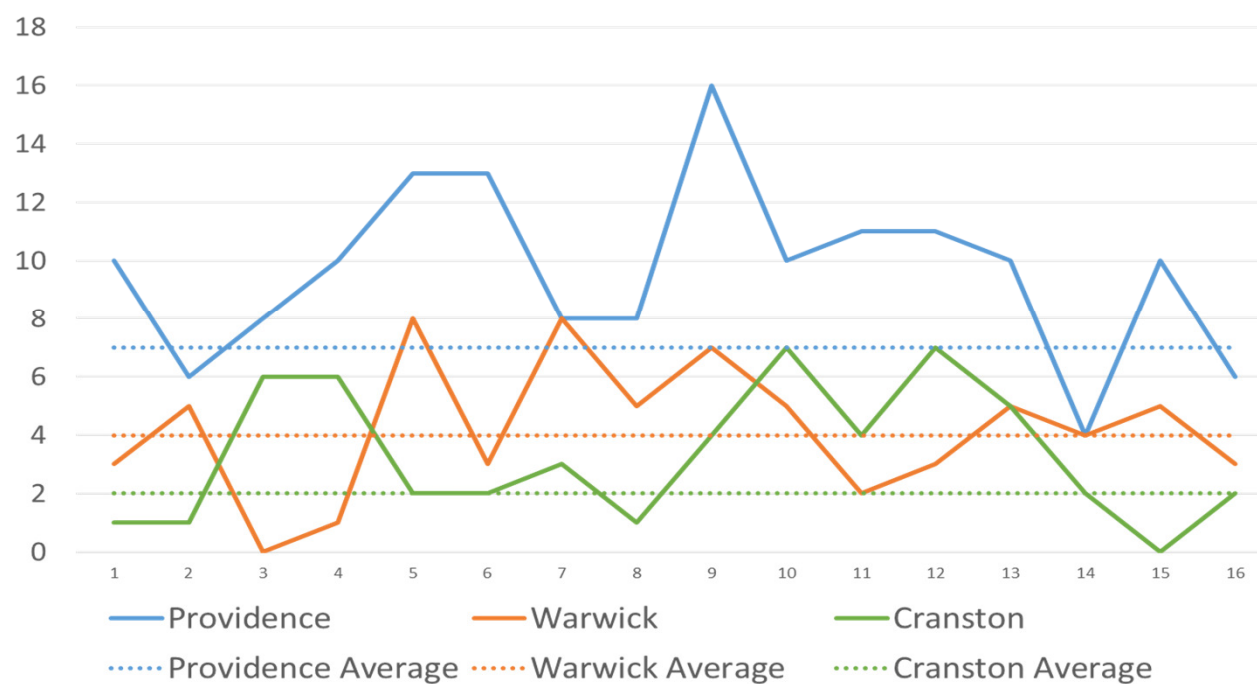


Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

# Geographic Variation



## Variations in Overdose Activity by City



Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

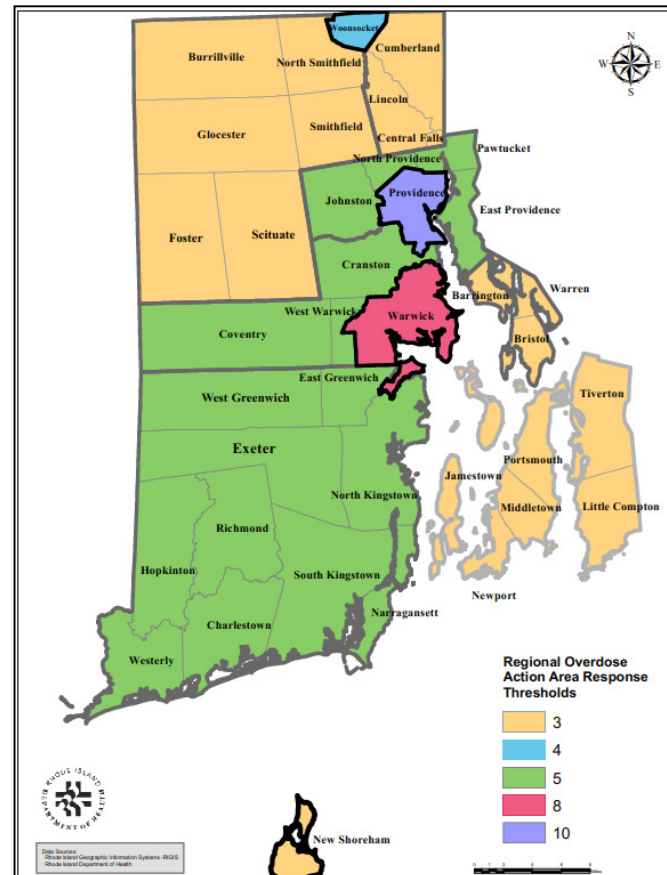
# Alerting Stakeholders of Increased Overdose Activity



- **Regional Overdose Action Area Response (ROAAR)** divides Rhode Island into 11 regions based on pre-determined overdose thresholds.
- **Rhode Island Department of Health and Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals** use these data to alert stakeholders of increased overdose activity within a region and send “Public Health Advisories.”



# Regional Overdose Action Area Response (ROAAR)



# Public Health Advisory



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**Inquiries can be made by replying to this communication.**

## **Public Health Advisory: Rhode Island Overdose Action Area Response Cranston, Coventry, and West Warwick**

The Rhode Island Department of Health (RIDOH) is issuing a public health advisory due to increased drug overdose activity in Cranston, Coventry, and West Warwick.

From **Monday, February 12–Sunday, February 18, 2018**, RIDOH received **eight reports of suspected drug overdoses** from hospital emergency departments. Increased drug overdose activity in this area is considered more than five non-fatal/fatal overdoses within a seven-day period.

Emergency responders, Emergency Department (ED) providers, and overdose treatment providers should be aware that in 2016, over 50% of Rhode Island's overdose deaths involved fentanyl. Fentanyl is 100 times more potent than morphine and 50 times more potent than heroin. Most cases of fentanyl-related overdoses have been linked to illicitly-manufactured fentanyl.

### **Emergency Medical Services, Fire Departments, and Law Enforcement:**

- **Promptly identify signs and symptoms of opioid overdose**, including central nervous system depression (i.e., coma, lethargy, or stupor); constipation; nausea; vomiting; respiratory depression; and seizures.
- **If fentanyl is suspected, multiple doses of naloxone may be required** to reverse overdose. Intramuscular injection is preferred.
- **Train your staff and use personal protective equipment** to [prevent occupational exposure to fentanyl](#) and other synthetic opioids.
- **Share 401-942-STOP (7867)**, Rhode Island's recovery hotline that connects individuals in crisis with treatment and recovery support. English and Spanish-speaking counselors licensed in chemical-dependency are available 24 hours a day, 7 days a week.
- **Print and share RIDOH treatment and recovery education materials** with overdose patients, family members, and/or other caregivers.

### **Emergency Department and Hospital Providers:**

- **If fentanyl is suspected**, multiple doses of naloxone may be required to reverse overdose. Intramuscular injection is preferred.
- **Screen for fentanyl** in all blood and urine toxicology tests for all suspected overdose patients.
- **Dispense intranasal/intramuscular naloxone kits** to emergency department patients, family members, and/or other caregivers at risk for opioid overdose.
- **Encourage overdose patients to connect with a peer recovery specialist prior to ED discharge.**
- **Refer patients to the Rhode Island Centers of Excellence** where Medication Assisted Treatment (MAT) options for opioid use disorder are available at outpatient programs throughout the state.



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## To Ask a Question

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- CDC Media: [media@cdc.gov](mailto:media@cdc.gov) or 404-639-3286
- Patients, please refer your questions to your healthcare provider

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**When:** A few days after the live call

**What:** All call recordings (audio, webinar, and transcript)

**Where:** On the COCA Call webpage

**[https://emergency.cdc.gov/coca/calls/2018/callinfo\\_031318.asp](https://emergency.cdc.gov/coca/calls/2018/callinfo_031318.asp)**

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# **Upcoming COCA Call**

## **Shingles Vaccine**

**Thursday, March 8, 2018**

**2:00-3:00 ET**

# Upcoming Town Hall

Mark your calendars for the next Vital Signs Town Hall Teleconference



to support STLT efforts and build  
momentum around the monthly  
release of CDC *Vital Signs*

***CDC's Containment Strategy for  
Unusual Antibiotic Resistance***

**April 10, 2018**

**2:00–3:00 PM (EDT)**



# Thank You

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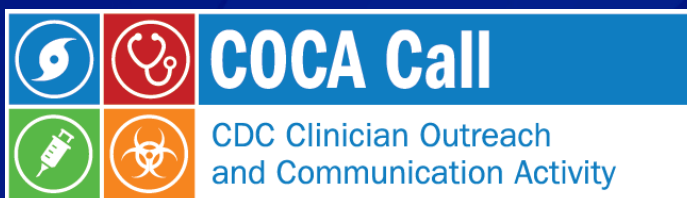
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Promotes COCA Calls and contains all information subscribers need to participate in COCA Calls. COCA Calls are done as needed.



Monthly email that provides information on CDC training opportunities, conference and training resources located on the COCA website, the COCA Partner Spotlight, and the Clinician Corner.

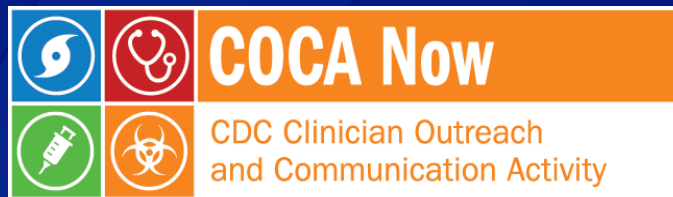


Provides comprehensive CDC guidance so clinicians can easily follow recommendations.

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Monthly email that provides new CDC & COCA resources for clinicians from the past month and additional information important during public health emergencies and disasters.



Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

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CDC Clinician Outreach and Communication  
Activity - COCA shared their event.

October 31 at 1:18pm ·

Clinicians, you can earn FREE CE with this COCA Call! Join us for this  
COCA Call November 7, 2017 at 2:00PM.



Government Organization in Atlanta, Georgia

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